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Parental/ Guardian Authorization for Treatment of a Minor Child

Parent/ Guardian: Please read and sign this form. It is very important to ensure the safety of your child! Thank you.

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity of the Greater Harrisburg Area, Inc., as my agent to act for me with respect to my minor child, and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child concerning my minor child's personal care, medical treatment, hospitalization and health care, and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

Parent/ Guardian _____ Date _____
(SIGNATURE)

Parent/ Guardian _____
(PLEASE PRINT)

Emergency Contact:

Name: _____ Relationship: _____
Home #: () _____ Work #: () _____ Cell #: () _____

Waiver of Liability

(To be read and signed by a parent or legal guardian of volunteers under the age of 18 who intend to do volunteer work for Habitat for Humanity of the Greater Harrisburg Area.)

I understand that neither Habitat for Humanity of the Greater Harrisburg Area nor Habitat for Humanity International can be held liable for any injury or illness that my dependent(s) or I may suffer. I expressly waive any such claim for compensation or liability on the part of Habitat for Humanity of the Greater Harrisburg Area or Habitat for Humanity International beyond what may be offered freely by the representative of either of these organizations in the event of such injury or medical expense.

Parent/ Guardian _____ Date _____
(SIGNATURE)

Parent/ Guardian _____
(PLEASE PRINT)

Name of dependent(s) less than 18 years old covered by this waiver:

